FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES **PURSUANT TO REGULATION D.** SECTION 4(6), AND/OR IFORM LIMITED OFFERING EXEMPTION

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OMB APP	ROVAL
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Name of Offering (check if this is an amendment and name has changed, and indicate change.) Common Stock Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	04000421
Euronet Worldwide, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 4601 College Boulevard, Suite 300 Leawood, KS 66211	Telephone Number (Including Area Code) 913-327-4200
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Alkotas utca 48-50, Alkotas Point, Budapest, Hungary 1123	Telephone Number (Including Area Code) 36-1-224-4600
Brief Description of Business	
Provider of secure electronic financial transaction solutions such as financial payment middleware, fit consulting services to financial institutions, retailers and mobile phone operators.	nancial network gateways, outsourcing and
Type of Business Organization corporation limited partnership, already formed other (p limited partnership, to be formed	lease specify): PROCESSED
Actual or Estimated Date of Incorporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: 12 97 Actual Estin Burisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	•

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

SEC 1972 (6-02)

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
• Each promoter of the issuer, if the issuer has been organized within the past five years;	•
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a continuous conti	class of equity securities of the issuer.
• Each executive officer and director of corporate issuers and of corporate general and managing partners of par	tnership issuers; and
 Each general and managing partner of partnership issuers. 	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
	Managing Partner
Full Name (Las't name first, if individual)	
Michael J. Brown	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Euronet Worldwide, Inc., 4601 College Boulevard, Suite 300, Leawood, KS 66211	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
	Managing Partner
Full Name (Last name first, if individual)	<u> </u>
Daniel R. Henry	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Euronet Worldwide, Inc., 4601 College Boulevard, Suite 300, Leawood, KS 66211	
Check Box(es) that Apply: Promoter Beneficial Owner V Executive Officer Director	General and/or
	Managing Partner
Full Name (Last name first, if individual)	<u></u>
Jeffrey B. Newman	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Euronet Worldwide, Inc., 4601 College Boulevard, Suite 300, Leawood, KS 66211	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Miro I. Bergman	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Euronet Worldwide, Inc., 4601 College Boulevard, Suite 300, Leawood, KS 66211	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	<u>,, </u>
James P. Jerome	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Euronet Worldwide, Inc., 4601 College Boulevard, Suite 300, Leawood, KS 66211	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
M. Jeannine Strandjord	•
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Euronet Worldwide, Inc., 4601 College Boulevard, Suite 300, Leawood, KS 66211	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Thomas A. McDonnell	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Euronet Worldwide, Inc., 4601 College Boulevard, Suite 300, Leawood, KS 66211	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	

Province and the second of the second	A THE ASSESSMENT AND THE SECOND	was in a line of the same of t				along consti		452000	
83.98			A.BASIC ID	ENTL	FICATION DATA				
2. Enter th	e information re	equested for the foll	lowing:						
	-		uer has been organized v						
• Ea	ch beneficial ow	vner having the power	er to vote or dispose, or di	irect th	e vote or disposition of	of, 109	% or more of	f a clas	s of equity securities of the issuer.
• Ea	ch executive of	ficer and director of	f corporate issuers and of	corpo	rate general and man	aging	partners of	partne	rship issuers; and
• Ea	ch general and	managing partner of	f partnership issuers.						
Check Box(es	s) that Apply:	Promoter	Beneficial Owner	V	Executive Officer		Director		General and/or Managing Partner
Full Name (L	ast name first,	if individual)							
Rick Wel	ler								
Business or R	Residence Addre	ess (Number and	Street, City, State, Zip C	ode)					
c/o Euror	net Worldw	ide, Inc., 4601	College Bouleva	rd, S	uite 300, Leaw	ood	, KS 662	11	
Check Box(es	s) that Apply:	Promoter	Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (L	ast name first,	if individual)						*1	
Paul Alth	asen					*			
	Residence Addre		Street, City, State, Zip C						
c/o Euron	et Worldwid	de, Inc., 4601 C	College Boulevard,	Suite	300, Leawood	, KS	66211		
Check Box(e.	s) that Apply:	Promoter	Beneficial Owner		Executive Officer	~	Director		General and/or Managing Partner
Full Name (L	ast name first,	if individual)							
Andrew 8	3. Schmitt								·
	Residence Addr		Street, City, State, Zip C						
	···	de, Inc., 4601 C	College Boulevard,	Suite	*	, KS	66211		
Check Box(e	s) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (L	ast name first,	if individual)							
	Scocimara								
		·	Street, City, State, Zip C	•					
		de, Inc., 4601 C	College Boulevard,			, KS			
Check Box(e	s) that Apply:	Promoter	Beneficial Owner		Executive Officer	•	Director		General and/or Managing Partner
Full Name (L	ast name first,	if individual)							
	zej Olechov								
			Street, City, State, Zip C						
			College Boulevard,			, KS			
Check Box(e	s) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
John A. C									
	ast name first,		1) D 1		200 I V	70 C	(011		
			ollege Boulevard, S		300, Leawood, K	72 00	5211		
Business or I	Residence Addr	ess (Number and	Street, City, State, Zip C	.oae)					
Check Box(e	s) that Apply:	Promoter	Beneficial Owner	V	Executive Officer		Director		General and/or Managing Partner
Full Name (L	ast name first,	if individual)							
,-	,	•							
Business or I	Residence Addr	ess (Number and	Street, City, State, Zip C	Code)					

					B. 1	nformat)	ON ABOU	T OFFERI	ν G				
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											Yes	No [편]
Answer also in Appendix, Column 2, if filing under ULOE.										ليا			
2.												\$	0.00
3.	. Does the offering permit joint ownership of a single unit?											Yes ☑	No
4.												_	
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a stat or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.										he offering. with a state			
Ful	l Name (I	Last name	first, if indi	vidual)				**************************************					
Bus	siness or	Residence	Address (N	umber and	l Street, C	ity, State, Z	Lip Code)				· · · · · · · · · · · · · · · · · · ·		
Nar	me of Ass	sociated Br	oker or De	aler	-								
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers					<u> </u>	
	(Check	"All States	" or check	individual	States)					••••••		Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (I	Last name	first, if indi	ividual)					-				
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)					,	
Nat	me of Ass	sociated Br	oker or De	aler									737
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)							□, Al	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (1	Last name	first, if ind	ividual)			······ <u>·</u>				··- <u>h</u>		
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)			······································			
Nai	me of Ass	sociated Br	oker or De	aler	 								
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Check "All States" or check individual States)									☐ Al	1 States			
AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI										HI MS OR WY	MO PA PR		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \Box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	arready exchanged.	Aggrega	ate	An	nount Already
	Type of Security	Offering I	Price		Sold
	Debt)	0.00	\$	0.00
	Equity	9,800,	000.00	\$	9,800,000.00
	Convertible Securities (including warrants)	5	0.00	\$	0.00
	Partnership Interests	3	0.00	\$	0.00
	Other (Specify)	S	0.00	\$	0.00
	Total	9,800,	000.00	\$	9,800,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Numbe	e r	D	Aggregate
		Investo	rs	(of Purchases
	Accredited Investors			\$_	9,800,000.00
	Non-accredited Investors		0	\$_	0.00
	Total (for filings under Rule 504 only)			\$_	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	Type of Securit		I	Dollar Amount Sold
	Rule 505			\$_	
	Regulation A			\$_	
	Rule 504		·	\$_	
	Total			\$_	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees	***********		\$	0.00
	Printing and Engraving Costs			\$_	0.00
	Legal Fees			\$_	0.00
	Accounting Fees			\$_	0.00
	Engineering Fees			\$_	0.00
	Sales Commissions (specify finders' fees separately)	·····		\$_	0.00
	Other Expenses (identify)			\$	0.00
	Total			\$_	0.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCE	EDS		
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			\$	9,800,000.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.				
		O Dire	ments to fficers, ectors, & filiates]	Payments to Others
	Salaries and fees	ן\$	0.00	□\$	0.00
	Purchase of real estate			_	0.00
	Purchase, rental or leasing and installation of machinery and equipment	_			0.00
	Construction or leasing of plant buildings and facilities			_	0.00
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)			_	9,800,000.00
	Repayment of indebtedness			-	0.00
	Working capital				0.00
	Other (specify):				
	[\$	0.00	□ \$	0.00
	Column Totals [] \$	0.00	<u> </u>	9,800,000.00
	Total Payments Listed (column totals added)				0,000.00
	D FEDERAL SIGNATURE				
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of F	sion, ı	apon writte		
Iss	uer (Print or Type) Signature	Date			
	Suronet Worldwide, Inc.	J	lanuary <u>8</u>	_, 20	04
	me of Signer (Print or Type) Title of Signer (Print or Type) lick L. Weller Executive Vice President				

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)